LABORATORY SUBMISSION FORM FOR SOUTHERN TICK-ASSOCIATED RASH ILLNESS (STARI) SPECIMENS
CENTERS FOR DISEASE CONTROL AND PREVENTION

PLEASE DO NOT INCLUDE PATIENT'S NAME

PATIENT'S AGE _____ SEX Male Female DATE FORM COMPLETED _____ / _____ / _____
Mo Day Year

SPECIMEN TYPE	DATE OF COLLECTION	ANATOMIC LOCATION	CDC USE ONLY (ID Number, Date Rec'd)
SKIN			
RASH BIOPSY, fresh (A)	_____ / _____ / _____	_____	_____
RASH BIOPSY, fixed (B)	_____ / _____ / _____	_____	_____
BLOOD			
ACUTE WHOLE BLOOD	_____ / _____ / _____	n/a	_____
ACUTE SERUM	_____ / _____ / _____	n/a	_____
CONVALESCENT SERUM	_____ / _____ / _____	n/a	_____

OFFICE SUBMITTING SPECIMEN (Physician)

NAME_____ TELEPHONE (_____)_____

ADDRESS

_____
(Street) (City) (State) (Zip code)

1. What was the patient's **first sign or symptom**? _____

2. **Date of onset** of the first symptom _____ / _____ / _____

3. Does or did the patient have **elevated body temperature**? __ Measured ___^{o}F. Date measured ___/___/____

4. Does or did the patient have a **rash**? _____ Date of onset ____ / ____ / _____ Rash location _____
(e.g. hand, forearm, calf, shoulder, neck)

5. If a rash was present, please describe it. Include **maximum diameter** in centimeters **observed by physician**. Please submit a **photograph or draw a picture** of the rash on the back of this form.

_____

6. **Other** clinical signs or symptoms _____

7. Did the patient have any **exposure to ticks** in the **2 weeks prior** to this illness?
   - _____ yes, tick still attached (please save tick and submit it along with clinical specimens)
   - _____ yes, tick was reportedly attached
   - _____ yes, but tick was not attached
   - _____ yes, but tick attachment status not known
   - _____ no
   - _____ not known

   If yes, **where** did exposure to ticks occur?_____
   County State Country (if other than U.S.)

8. What medication(s) were prescribed for this patient?

MEDICATION	DATE STARTED	DOSE	ROUTE
_____	_____	_____	PO IM IV
_____	_____	_____	PO IM IV
_____	_____	_____	PO IM IV

9. **Current clinical status** Recovered Remains ill Unknown (CIRCLE ONE)